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APPLICATION NO.	FILING DATE	FILING DATE			ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/774,683	3 02/10/2004		Jennifer Hoyt Lalli			423-0003	7374
TITLE OF INVENTION: RAPIDLY SELF-ASSEMBLED THIN FILMS AND FUNCTIONAL DECALS							
APPLN. TYPE	SMALL ENTITY	IGOLES FOR DATE	I WELLOW WAY THE DIE	There have recomme	****	month transcol Film	
		ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0		\$1020	07/07/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	J			
TRAN, THAO T		1794	427-409000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively,				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single triff (having as a hieribel a registered attorney or agent) and the names of up to				
3. ASSIGNEE NAME AI	ND RESIDENCE DATA	A TO BE PRINTED ON	I THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
NanoScale Materials, Inc. Christiansburg, Virginia							
Please check the appropri	ate assignee category or	categories (will not be pr	inted on the patent):	Individual Con	rporati	on or other private grou	up entity Government
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
Publication Fee (N	☐ A check is enclosed. ☐ Payment by credit car	d. Form PTO-2038	is atta	ched.			
Advance Order - #		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Stat	us (from status indicated		□ b. Applicant is no lon			· · · · · · · · · · · · · · · · · · ·	
NOTE: The Issue Fee and	Publication Fee (if requestred Sta	rired) will not be accepted					e assignee or other party in
	6/49	7	Office.			9/2008	
Authorized Signature	Daniel II	Charer			,	,	
•-	Daniel H.			Registration No			
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